PARI VARIABLE CODA

	PATENT			RD					nder				
Effective December 29, 1999 CLAIMS AS FILED - PARTI											<u>ن (</u>	27	
(Column 1) (Column 2)									MALL YPE	ENTITY	OR		R THAN ENTITY
FC	OR .		NUMBER FILED			NUMBER		ATE	FEE	٦,	RATE	FEE	
BASIC FEE									2	345.00	OR		690.00
TOTAL CLAIMS			/ 0 minus 20=		20=	•		х	\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				2 minus	3 =	<u>•</u>		X	39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								30=		1	.000		
* If the difference in column 1 is less than zero, enter "0" in column 2										 	OR	L,	
CLAIMS AS AMENDED - PART II									TAL	<u> </u>	JOR	TOTAL	690
\bigvee	(Column 1) (Column 2) (Column 3)							Si	ALL	ENTITY	OR	OTHER SMALL	
AMENDMENT		REM	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	·id	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Minus	••	20	=	X	9=		ÓR	X\$18=	
	Independent FIRST PRESE	NTATIO	N OF MI	Minus	PEND	FNT CLAIM	`=;	X	39=		OR	X78=	
									30=		OR	+260=	
									OTAL	·	OR	TOTAL ADDIT, FEE	
<u>\</u>	(Column 1) (Column 2) (Column 3)									••••			
AMENDMENT	RCE	REM. AF	AIMS AINING TER IDMENT		PA	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	18	Minus	**	20	=	X\$	9=		OR	X\$18=	
AME	Independent	NTATIO	3 N OF MI	Minus	FND	S ENT CLAIM	= /	X3	9=		OR	X78=	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									30=		OR	+260=	
											OR	TOTAL ADDIT. FEE	
<u> </u>		ımin 1)		ADDI1									
AMENDMENT		REM/	AIMS AINING TER DMENT		PR	HIGHEST HUMBER EVIOUSLY AND FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=	X\$	9= ·		OR	X\$18=	
	Independent	•		Minus	***		=	ХЗ				X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								9_ 10=		OR		
. 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=	
1	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL DDIT. FEE	
1	The "Highest Num	ber Prev	iously Paid	d For" (Total or	Indep	endent) is the	highest number	lound in	the app	propriate box	in colu	umn 1.	

FORM PTO-875 (Rev. 12/99)